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Image# 201507149000113083

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| | or Other Than An A | _ | | Office | Use Only |
|---|---|-----------------------|----------------------|----------------------|---|
| NAME OF T COMMITTEE (in full) | YPE OR PRINT ▼ | Example: If to | | 12FE4M5 | |
| CITIZENS 4 ETHICS IN | I GOVERNMENT | | | | |
| | | | | | |
| ADDRESS (number and street) | 4117 HILLSBORO PIKE | | | | |
| ▼ | SUITE 300-315 | | | | |
| Check if different than previously reported. (ACC) | NASHVILLE | | | TN 372 | 15 |
| 2. FEC IDENTIFICATION NUM | MBER ▼ | CITY A | S | TATE 🛦 | ZIP CODE ▲ |
| C C00524082 | 3. | IS THIS REPORT X | NEW (N) OR | AMENDEI (A) | D |
| 4. TYPE OF REPORT (Choose One) | (b) Monthly Report | Feb 20 (M2) | May 20 (M5) | Aug 20 (M8 | (INOTI-Election |
| (a) Quarterly Reports: | Due On: | Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9 | Year Only) Dec 20 (M12) (Non-Election Year Only) |
| April 15 | | Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10 | |
| Quarterly Report (Q1 July 15 | (c) 12-Day PRE-Election | Primary (| 12P) | General (12G) | Runoff (12R) |
| Quarterly Report (Q2 October 15 | Report for the | e: Convention | on (12C) | Special (12S) | |
| Quarterly Report (Q3 January 31 Year-End Report (YE | | ection on | / | Y | in the State of |
| X July 31 Mid-Year Report (Non-election Year Only) (MY) | (d) 30-Day POST-Election Report for the | | (30G) | Runoff (30R) | Special (30S) |
| Termination Report (TER) | | ection on | / D D / | Y = Y = Y | in the State of |
| 5. Covering Period 01 | 01 / 201 | 5 throug | h 06 | | 2015 |
| I certify that I have examined this | Report and to the bes | t of my knowledge a | nd belief it is true | e, correct and comp | lete. |
| Type or Print Name of Treasurer | Clyde Bright | | | | |
| Signature of Treasurer Clyde I | Bright | [Electroni | cally Filed] Da | | 2015 |
| NOTE: Submission of false, erroned | ous, or incomplete inform | ation may subject the | person signing thi | s Report to the pena | lities of 2 U.S.C. §437g. |
| Office Use Only | | | | FE | C FORM 3X Rev. 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

| R | Report Covering the Period: From: | 01 01 2015 To | : 06 30 2015 |
|----|--|-------------------------|-----------------------------------|
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| | (a) Cash on Hand January 1, 2015 | | 106.29 |
| | (b) Cash on Hand at Beginning of Reporting Period | 106.29 | |
| | (c) Total Receipts (from Line 19) | 1235.55 | 1235.55 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1341.84 | 1341.84 |
| | Total Disbursements (from Line 31) | 200.00 | 200.00 |
| | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1141.84 | 1141.84 |
| | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| Э. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 153000.00 | |

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CITIZENS 4 ETHICS IN GOVERNMENT

| R | eport Covering the Period: From: 01 | 01 2015 To: | 06 30 / 2015 |
|-----|--|-------------------------------|-----------------------------------|
| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 11. | Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees | ' | |
| | (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| | (ii) Unitemized(iii) TOTAL (add | , 1235.55 | 1235.55 |
| | Lines 11(a)(i) and (ii)▶ | 1235.55 | 1235.55 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| | 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 1235.55 | 1235.55 |
| 12. | Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. | All Loans Received | 0.00 | 0.00 |
| | Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| 16. | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 0.00 |
| | to Federal Candidates and Other Political Committees | 0.00 | 0.00 |
| | Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. | Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| | | 0.00 | |
| | (b) Levin Funds (from Schedule H5) | | 0.00 |
| | (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| 19. | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 1235.55 | 1235.55 |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | 1235.55 | 1235.55 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------|--|-------------------------------|-----------------------------------|
| | perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4) | | Culonal Four to July |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) | | 5.55 | 0.00 |
| () | Expenditures | 200.00 | 200.00 |
| (c) | 1 0 1 | 200.00 | 200.00 |
| Tra | (add 21(a)(i), (a)(ii), and (b))▶ ansfers to Affiliated/Other Party | 200.00 | 200.00 |
| Ço | ommittees | 0.00 | 0.00 |
| Fe | ontributions to deral Candidates/Committees | 200 | |
| an | d Other Political Committees | 0.00 | 0.00 |
| | dependent Expenditures se Schedule E) | 0.00 | 0.00 |
| . Co | ordinated Party Expenditures U.Ş.Ç. §441 <u>a(</u> d)) | | |
| (us | se Schedule F) | 0.00 | 0.00 |
| Lo | an Repayments Made | 0.00 | 0.00 |
| . LO | an riepayments made | | |
| . Lo | ans Made | 0.00 | 0.00 |
| | Refunds of Contributions To: (a) Individuals/Persons Other | 0.00 | 0.00 |
| | Than Political Committees | 0.00 | 0.00 |
| (b) | Political Party Committees | 0.00 | 0.00 |
| (c) | | | 0.00 |
| | (such as PACs) | 0.00 | 0.00 |
| (d) | Total Contribution Refunds | | |
| | (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| | han Diahamaanaanta | 0.00 | 0.00 |
| . Otl | her Disbursements | 0.00 | 0.00 |
| . Fe | deral Election Activity (2 U.S.C. §431(20)) | | |
| (a) | Allocated Federal Election Activity | | |
| | (from Schedule H6) (i) Federal Share | 0.00 | 0.00 |
| | (i) I ederal Share | 7 | |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| (b) | , | 0.00 | 0.00 |
| (c) | With Federal Funds Total Federal Election Activity (add | 0.00 | 0.00 |
| (0) | Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ | 0.00 | 0.00 |
| _ | | | |
| | tal Disbursements (add Lines 21(c), 22, , 24, 25, 26, 27, 28(d), 29 and 30(c)) | 200.00 | 000.00 |
| 23 | , 27, 20, 20, 21, 20(a), 28 and 30(b)) | 200.00 | 200.00 |
| . Tot | tal Federal Disbursements | | |
| | ubtract Line 21(a)(ii) and Line 30(a)(ii) | 222.22 | 222.22 |
| fro | m Line 31) | 200.00 | 200.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 1235.55 | 1235.55 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1235.55 | 1235.55 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 200.00 | 200.00 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 200.00 | 200.00 |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 9
FOR LINE 13 OF FORM 3X

| TERMS Date Incurred Date Due Interest Rate Secured: 08 | | Detailed Suffilliary Page |
|---|--|--|
| Count Cou | | Transaction ID : SC/10.4100 |
| Andrew W. Miller Jr. Mailing Address 30 Burton Hills Blvd City Nashville State TN ZIP Code 37215 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 20000.00 TERMS Date Incurred Date Due Interest Rate Secured: 08 | | |
| Andrew W. Miller Jr. Mailing Address 30 Burton Hills Blvd City Nashville State TN ZIP Code 37215 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 20000.00 TERMS Date Incurred Date Due Interest Rate Secured: "08" / 06" / 2014 "10" / 01/01/2022 0.00 | LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: |
| Mailing Address 30 Burton Hills Bivd City Nashville State TN ZIP Code 37215 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 20000.00 13000.00 7000.00 TERMS Date Incurred Date Due Interest Rate Secured: 0.8° / 06° / 2014 2° / 01.01/2022 0.00 % (apr) Yes 2 List All Endorsers or Guarantors (if any) to Loan Source T. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Mailing Address Occupation Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation | | Primary |
| City Nashville State TN ZIP Code 37215 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 20000.00 TERMS Date Incurred Date Due Interest Rate Secured: 08 06 2014 Name of Employer Mailing Address Occupation Mailing Address Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: | | General |
| Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 20000.00 TERMS Date Incurred Date Due Interest Rate Secured: 08 06 2014 Date Due Interest Rate Secured: 08 06 2014 Date Due Interest Rate Secured: 08 06 2014 Name of Employer Date Incurred Name of Employer Date Due Interest Rate Secured: 08 06 2014 Name of Employer Date Due Interest Rate Secured: 08 06 06 2014 Name of Employer Date Due Interest Rate Secured: 08 07 06 07 07 07 07 07 07 07 07 07 07 07 07 07 | Mailing Address 30 Burton Hills Blvd | Other (specify) |
| TERMS Date Incurred Date Due Interest Rate Secured: 108 106 12014 Date Due Interest Rate Secured: 108 107 12022 Date Due Interest Rate Secured: 108 12014 Amount Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: | | - |
| TERMS Date Incurred Date Due Interest Rate Secured: 108 0 06 0 2014 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Original Amount of Loan Cumulative Payment To | Date Balance Outstanding at Close of This Period |
| Date Incurred Date Due Interest Rate Secured: OB | 20000.00 | 13000.00 7000.00 |
| List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Occupation | TERMS | Interest Date |
| List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount City State ZIP Code Quaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: | | V V |
| 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: | | 4/04/0000 |
| Mailing Address City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: | 1 | |
| City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Occupation | 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: City State ZIP Code Occupation | Mailing Address | Occupation |
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| City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: | 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Occupation | Mailing Address | Occupation |
| City State ZIP Code Guaranteed Outstanding: Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Amount Guaranteed Outstanding: Name of Employer Occupation Name of Employer Amount Guaranteed Outstanding: Occupation | | Amount |
| 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Outstanding: Amount Guaranteed Outstanding: | City State ZIP Code | Guaranteed |
| Mailing Address City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: | 3. Full Name (Last, First, Middle Initial) | |
| City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: | | |
| City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: | Mailing Address | Occupation |
| City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: | | Amount |
| Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: | City State ZIP Code | Guaranteed |
| Mailing Address Occupation Amount Guaranteed Outstanding: | | |
| City State ZIP Code Guaranteed Outstanding: | 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| City State ZIP Code Guaranteed Outstanding: | Mailing Address | Occupation |
| City State ZIP Code Guaranteed Outstanding: | | |
| Outstanding: | City. | |
| JBTOTALS This Period This Page (optional)▶ | City State ZIP Code | |
| JBTOTALS This Period This Page (optional) | | |
| | UBTOTALS This Period This Page (optional) | 7000.00 |
| OTALS This Period (last page in this line only) | OTALS This Period (last page in this line only) | |
| arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Sumr | arry outstanding balance only to LINE 3, Schedule D, for this line. If | no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Suffillial | y rage |
|---|------------------|------------------------------|---|
| AME OF COMMITTEE (In Full) | | | Transaction ID : SC/10.4103 |
| CITIZENS 4 ETHICS IN GOVERNM | IENI | | |
| LOAN SOURCE Full Name (Last, First, Midd | le Initial) | | Election: |
| Andrew W. Miller Jr. | , | | Primary |
| | | | General |
| Mailing Address 30 Burton Hills Blvd | | | Other (specify) |
| Mailing Address 30 Burton Hills Blvd | | | (-F |
| City Nashville | State TN | ZIP Code 37215 | |
| Original Amount of Loan | Cumulative Pay | ment To Date | Balance Outstanding at Close of This Period |
| 70000.00 | | 0.00 | 70000.00 |
| TERMS | | | , |
| Date Incurred | | | st Rate Secured: |
| 08 / 06 / 2014 | M / D D | 01/01/2020 | 0.00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) to | Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | ļ | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Convention | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| maining Addition | | Cocupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed | |
| | | Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | |
| · | | | |
| IIDTOTAL & This Deviced This Done / March | | | 70000.00 |
| UBTOTALS This Period This Page (optional) | | > | 7,000.00 |
| OTALS This Period (last page in this line only) | | > | |
| arry outstanding belones only to LINE 2. C. | dula D. far thi | line If no Cohedule D | ry forward to apprendicts line of Comme |
| carry outstanding balance only to LINE 3, Sche | uule D, for this | iiiie. ii no Schedule D, car | ry torward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 9
FOR LINE 13 OF FORM 3X

| | | Detailed Sulfillial | y rage |
|---|-------------------|-------------------------|--|
| AME OF COMMITTEE (In Full) CITIZENS 4 ETHICS IN GOVERNMEN | IT | | Transaction ID : SC/10.4104 |
| | | | |
| LOAN SOURCE Full Name (Last, First, Middle II | itial) | | Election: |
| Andrew W. Miller Jr. | | | Primary |
| | | | General |
| Mailing Address 30 Burton Hills Blvd | | | Other (specify) ▼ |
| City Nashville State | TN ZIP (| Code 37215 | |
| | nulative Payment | | Balance Outstanding at Close of This Per |
| | | | |
| 6000.00 | | 0.00 | 6000.00 |
| TERMS Date Incurred | Date Du | io Intoro | est Rate Secured: |
| M M / D D / Y Y Y Y M M | | Y Y Y Y Y | |
| 11 14 2014 | | 12/31/2029 | 0.00 % (apr) Yes |
| List All Endorsers or Guarantors (if any) to Loa | n Source | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Cocapation | |
| | | Amount | |
| City State ZIF | Code | Guaranteed Outstanding: | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City State ZIF | Code | Guaranteed Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City State ZIF | Code Code | Guaranteed | |
| 4 Full Name (Lock First Middle India) | | Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| City State ZII | Code Code | Amount Guaranteed | |
| Ony State ZII | Code | Outstanding: | 7 7 7 |
| 1 | | ı | |
| | | | 2000 |
| SUBTOTALS This Period This Page (optional) | | > | 6000.00 |
| OTALS This Period (last page in this line only) | | | |
| | | | |
| Carry outstanding balance only to LINE 3, Schedule | D, for this line. | If no Schedule D, car | ry forward to appropriate line of Summar |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 9
FOR LINE 13 OF FORM 3X

| | Botanoa Summary Fago |
|--|---|
| AME OF COMMITTEE (In Full) CITIZENS 4 ETHICS IN GOVERNMENT | Transaction ID : SC/10.4105 |
| | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: |
| Tracy Miller | Primary |
| | General |
| Mailing Address 1209 Devens Dr | Other (specify) ▼ |
| City Brentwood State TN | |
| Original Amount of Loan Cumulativ | ve Payment To Date Balance Outstanding at Close of This Period |
| 70000.00 | 0.00 70000.00 |
| TERMS | |
| Date Incurred | Date Due Interest Rate Secured: |
| 07 15 2014 | 01/01/2025 0.00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) to Loan So | urce |
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Cod | |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | |
| City State ZIP Coo | Amount le Guaranteed |
| | Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Cod | de Guaranteed |
| | Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | |
| City State ZIP Cod | Amount de Guaranteed |
| Gity State ZIF Got | Outstanding: |
| | |
| SUBTOTALS This Period This Page (optional) | 70000.00 |
| <u> </u> | |
| TOTALS This Period (last page in this line only) | 153000.00 |
| Carry outstanding balance only to LINE 3, Schedule D, for | or this line. If no Schedule D, carry forward to appropriate line of Summary. |